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| CLAIMS ONLY | Application Number 10/655952 | Filing Date |
| | Applicant(s) | |

10/655952

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• Monday 10/16 - 11/11

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|--------|----------|-------------|--------------|--|--|---|
| CLAIMS | AS FILED | AFTER FIRST | AFTER SECOND | | | * May be used for additional claims or amendments |
|--------|----------|-------------|--------------|--|--|---|

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
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| Total Indep | 5 | | | | | |
| Total Depend | 27 | | | | | |
| Total Claims | 32 | | | | | |

May be used for additional claims or amendments

| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | | | | | | |
| Total Depend | | | | | | |
| Total Claims | | | | | | |